

County Assessor's Office
528 Monument St.
Room 109 County Courthouse
Greenwood, S.C. 29646-2690

Map Number: _____

Appraiser # _____

Location: _____

Phone: 864-942-8537 Fax: 864-942-8660

Email: assessor@greenwoodsc.gov

NOTICE OF APPEAL FOR TAX YEAR _____

Date: _____

**FOR AN APPEAL TO BE VALID, A WRITTEN OBJECTION MUST BE RECEIVED BY
FIRST PENALTY DATE FOR CURRENT TAX YEAR.**

**ONLY ONE APPEAL PER PROPERTY IS ALLOWED PER YEAR (unless an Assessment Notice is sent LATER that year)
FILING AN APPEAL DOES NOT RELIEVE THAT TAXPAYER FROM PAYING PENALTIES
OR FEES FOR LATE PAYMENT OF TAXES.**

**Please complete this form in its entirety OR submit a letter with your opinion of value and why you are objecting to
the assessment. Letter MUST include contact information, including daytime phone numbers.**

Grounds for Appeal:

_____ Disagree with Fair Market Value

_____ Other _____

I disagree with the Fair Market Value of my property because: (Be Specific)

What is the property owner's opinion of Value? \$ _____ failure to provide a value will delay an appeal

Any other documents available that provide evidence of value should be provided. (Such as; appraisals, contracts, offers, etc.)

If the property has been for sale in the last three (3) years, what was the asking price? Please list the agents and the dates involved.

Price _____ Agent _____ Date _____

Has the property been appraised, had a contract issued or an offer made within the last 3 years. If so, list details or attach copy.

List the dates and costs of any remodeling or additions that have been done in the last five (5) years.

Income producing property owners are to furnish three years of income and expense statements. Any other documents available
that provide evidence of value should be provided. Appraiser may request additional information.

Rental Property _____ Yes _____ No Monthly Rent Received _____

FAILURE TO PROVIDE ALL PERTINENT INFORMATION MAY DELAY YOUR APPEAL

Please print owner's name, mailing address to which you wish all correspondence to be directed and a daytime phone number

Owner's Signature _____

Owner's Name _____

Address _____

City/ State/ Zip _____

Business Phone () _____

Conference Date _____

By: _____

_____ Phone _____ Office _____ On Site

Date: _____ Copy for Appeal File _____

Form taken by: _____

Home Phone () _____